

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

March 17, 2016

401 Hungerford Drive, Rockville, Maryland 20850

Members Present: Mitchell Berger, Ron Bialek, Brenda Brooks, Ilana Cohen, Stacey Burton Dey Foy, Michelle Hawkins, Lenna Israbian-Jamgochian, Alan Kaplan, Pierre Marie Longkeng, Rose Marie Martinez, Linda McMillan, Sheela Modin, Daniel Russ, , Wayne Swann, Ulder Tillman, and Bridget Ware

Members Absent: Marla Caplon, Maya Das, Graciela Jaschek, Susan Milstein, Tonya Saffer, and Fabienne Santel

Staff Present: Helen Lettlow, Ellen Segal

Guest: Yvette Griffin

1.0 Call to Order and Welcome

- Chair Daniel Russ called the meeting to order at 6:06 p.m.

2.0 COH Minutes and Next Meetings

- **Approval of Minutes** – There was a motion to approve the January 2016 minutes made by Wayne Swann and seconded by Michelle Hawkins. The minutes were approved unanimously by voiced consent.
- **Next Meetings** – The next COH meetings will be Thursday, April 21, 2016 at 6:00 p.m. and Thursday, May 19, 2016 at 401 Hungerford Drive, Rockville, first floor, Conference Room 1A.

3.0 PHS Chief's Report – Helen Lettlow addressed highlights from the February 2016 report (included in the meeting packet).

- Dennis Avenue Health Center moved into the new building March 7, 2016.
- The Health Care Facility Program reported that 3 facilities were imposed civil money penalties for harm/immediate jeopardy deficiencies cited during investigations.
- As of January 2016, dental providers and staff at the County's five dental clinics had provided basic and preventive dental care for 294 new clients, bringing the total served in FY16 to 3,362 clients.
- Rose Marie Martinez bought up concerns that MEDBANK, which has relationships with PCC and provides medicines at a discount to uninsured and low income clients, is now refusing meds for undocumented citizens. Linda McMillan stated that requirements are set by the pharmaceutical companies.

4.0 County Council Report – Linda McMillan

- The County Council received the County Executive's recommended budget March 15, 2016.
- There are two proposed reductions to Montgomery Cares. These reductions are to align Montgomery County with the State as Montgomery Cares relates to the ACA.
- No additional monies are in the budget for CFK or MPP.
- There are anticipated behavioral health reductions of almost \$726K. Shifting to per capita model, PCC will bill the County a fee for service to help increase savings.

5.0 Staff Report – Helen Lettlow

- Recently there was an internal meeting with the Director’s office for BCC staff liaisons at which topics relevant to all DHHS BCCs were discussed including the schedule of future meetings for staff. An update was provided concerning two bills recently introduced by County Council in follow up to Committee Evaluation and Review Board (CERB) recommendations which concern BCCs. There will be public hearings on the following two bills.
 - Bill 3-16 would define a board, committee, commission, and task force; require an Evaluation and Review Committee to be appointed every 5 years; and establish a standard due date for annual reports from a board, committee, commission, and task force.
 - The other bill, which is not applicable to COH, would increase the membership of some boards and eliminate the various geographical area recreation advisory boards.

6.0 Minority Health Initiative Letters – Rose Marie Martinez

- COH’s draft letter in support of the MHI’s FY17 budget request outlines the services on which it hopes the \$250K will be spent.
- Michelle Hawkins spoke about targeting prevention; reaching people early and being proactive.
- Ron asked whether they can coordinate mental health in their projects. Michelle suggested that with various populations there is a need to have someone culturally close to the population to deal with these issues.
- Rose stated that all Commissions plan to attend the April 21, 2016 County Council hearing on the Public Health Services Operating Budget.
- Linda McMillan confirmed that some of the MHIs have County staff, while others hire contractual help. All of three initiatives are structured differently. She also stated that letters of support are always beneficial.

Action Item: Dr. Alan Kaplan made a motion that COH finalize the draft letter in support of the \$250K each for the three MHIs: African American Health Program, Asian Health Initiative, and Latino Health Initiative, at the discretion of the Chair, with more in depth information on funding. Rose Marie Martinez seconded the motion. The motion was passed by voice consent. Rose Marie Martinez, Michelle Hawkins, and Daniel Russ will work on this letter.

6.1 Letter of Support for the Montgomery Cares Advisory Board’s Budget Requests for Health Care for the Uninsured Programs – Wayne Swann

- MCAB is asking for an additional \$1,306,080 (combined) across all Health Care for the Uninsured Programs—Montgomery Cares, Maternity Partnership, Oral Health, Homeless Health and Care for Kids. The largest increase is for \$460K for dental clinics to cover an increase of 4,000 visits.
- MPP is seeking an additional \$383,080K in funding to cover 488 clients.
- Medical Respite for homeless clients is for recuperative care for homeless patients. COH feels the term “Medical Respite” needs to be changed to a more definitive term.

Action Item: Wayne Swann made a motion to approve COH writing an advocacy letter in support of the Montgomery Cares Advisory Board request for a total increase of \$1,306,080 in the FY17 budget. Michelle Hawkins seconded the motion. The motion was approved by voice consent. Wayne Swann, Pierre Marie Longkeng, and Daniel Russ will work on the letter.

6.2 Accreditation – Recommendations Letter from COH

- The following recommendations to the County Council are quoted from the letter drafted by the Accreditation Workgroup.
 1. The County Executive and County Council allocate \$35,000 for the initial Public Health Accreditation Board (PHAB) application fee and \$14,000 each year for accreditation maintenance fees to sustain DHHS’ accreditation status.

2. DHHS submit a non-binding Statement of Intent to apply for accreditation, as required by PHAB, by the end of the calendar year.
 3. The County Council, as the County's Board of Health, submits a letter supporting DHHS' accreditation application, as required by PHAB.
 4. DHHS apply for PHAB accreditation and submit its required application fee by XXXXXX (a date to be set by COH prior to submitting its recommendations to the Council).
- Michelle noted the letter needs to explain how the accreditation will improve services.
 - Linda agreed and said it should also state ways accreditation will improve County best practices as well as efficiency.
 - Dr. Tillman quoted from the Robert Wood Johnson Foundation supported Wisconsin University County Health Rankings 2016 report that noted for today's health (Health Outcomes) Montgomery County is ranked number 1, but for tomorrow's health (Health Factors) it is not. There are things that need to be worked on and the accreditation will help DHHS to address social determinants.
 - Dr. Kaplan noted that being accredited will force the Department of Health and Human Services (DHHS) to look at its peer's standards and will help with the DHHS' self evaluation and improvement.
 - Linda McMillan recommended first asking that the County Executive (CE) and DHHS agree to submit the letter of intent and that the CE recommend funding the project. The County Council would then be responsible for adding the funds to the budget.
 - Dr. Tillman noted that DHHS is comfortable sending a letter of intent by the end of 2016, meaning it would be in the DHHS' FY18 budget.

Action Item: Ron Bialek made a motion to accept the Accreditation Workgroup's recommendations for accreditation as amended in the COH discussion. Pierre Marie Longkeng seconded the motion. The motion was approved by voiced consent.

7.0 Motion to Adjourn

- The meeting was adjourned at 8:00 p.m.

Respectfully Submitted:

Helen Lettlow
Commission on Health

**Public Health Services
Chief's Report
February, 2016**

SUCSESSES AND GOOD NEWS

- Health Care for the Homeless staff worked in collaboration with Special Needs Housing and PHS Emergency Preparedness to convene the first workshop to make a plan for closed PODs (Points of Dispensing) to be able to distribute medications for homeless individuals during a bio-terrorism type of event.
- Dennis Avenue Health Center moved into their new building on March 7th. They will submit their February updates along with their March updates next Chief's Report.

HOT SPOTS

- Maternity Partnership Program continues to see a growth in enrollment trend which began in the 3rd quarter of FY15. Enrollment may reach 1900 - 2000 women by the end of FY16. This would be approximately 400 more women than originally budgeted, for the program. The reason for the upward trend is unknown, since there is not a correspondingly higher birthrate for the overall County population. However, the U.S. birthrate did trend upward in 2015.
- By the end of January, Care for Kids (CFK) had enrolled 3,972 children, surpassing the enrollment for all of FY15 (3,919). This surge in enrollment began in FY15, and continues to date, largely due to the influx of unaccompanied minors entering the County. Medical expenses for the first half of FY16 are much higher than expected due to the high enrollment and the greater than usual need for specialty dental for this population. 67% of CFK enrollees are in families with income at or below 99% FPL.

UPDATES ON KEY ISSUES

Licensing & Regulatory

- Health Care Facility Program-- This month 3 facilities were imposed CMP (civil money penalties) for harm/immediate jeopardy deficiencies cited during investigations:
 - A nursing home received a \$10,000.00 CMP for failing to ensure sufficient preparation and an orderly discharge from the facility for a resident.
 - Another nursing home received a \$5,000.00 CMP for failing to ensure that resident's environment remained as free of accident hazards as is possible; and each resident receive adequate supervision and assistance to prevent accidents. This resident had a fall from a hooyer lift during a transfer with a significant injury.
 - A 3rd nursing home received an \$ 8,000.00 CMP for the following two Immediate Jeopardy deficiencies--An Accident/injury and Elopement. The Feds will probably issue a CMP as well. The facility failed to provide the necessary supervision and ensure the safety of residents in the dining rooms while warming trays/burners were on. The immediate jeopardy was abated on 01-19-16 at 5:30PM following the implementation of corrective actions to ensure the health and safety of residents' in all of the dining areas. The second deficiency occurred when the facility staff failed to ensure the safety of a resident who was at a significant risk for getting to a dangerous place. The resident eloped from the facility and was found walking alongside the highway.
- Environmental Health
 - Currently investigating several complaints regarding an unlicensed Bethesda Cares food kitchen selling unwholesome (spoiled) milk, distributing unapproved or unwholesome food and sanitation items.
 - Environmental concerns (mice, bed bugs, feces on shower curtains, other unsanitary and unkempt conditions) regarding several group homes and the lack of compliance. Inspection reports have been forwarded to OHCQ for further investigation. Residents have been relocated to hotels until situation is resolved.

Healthcare for the Homeless

- In January, the County's Health Care for the Homeless staff provided hospital discharge planning and nurse case management for homeless individuals transitioning from hospitals to shelters, as well as for approximately 25 households in permanent supportive housing. The County's Health Care for the Homeless contractor, Mobile Medical Care, Inc., provided primary health care for 18 uninsured, homeless County residents in January.

Montgomery Cares

- By January 31, 2016 Montgomery Cares utilization of primary care services had reached 38,064 encounters with 17, 229 unduplicated patients. Both number of patients and encounters to date are slightly less (-5%) compared with FY15 July – January. The program utilization and spending is within its budget. Ten of the twelve clinics are recruiting for medical providers, possibly due to turnover and a competitive environment for primary care providers. Several pharmaceutical companies are requiring legal residency for eligibility through Medbank for prescriptions. This will impact insulin-dependent patients as well as others.

Oral Health

- In January, Dental providers and staff at the County's five dental clinics provided basic and preventive dental care for 294 new clients, bringing the total served to date to 3,362 clients. Clients include Care for Kids enrollees, pregnant women, adults and seniors. This was a significantly lower number of new patients, compared with December totals, probably due to January's inclement weather and closures.

PROGRAM DATA

Program: Infants at Risk (IAR)	Feb-16
Number of Infant at Risk (IAR) referrals received from hospitals or providers	20
YTD Number	150
Number of referrals received from DHMH or providers for children lead levels > 10ug/dl	2
YTD Number	25
Program: CHS/Maternity Partnership	Feb-16
Number of adolescents up to 18 years of age referred to Maternity Partnership Program from School Health Services (joint CHS/SHS case-managed pregnant teens)	7
YTD Number	37
Number of adolescents up to 18 years of age referred to Maternity Partnership from Community Health Services.	4
YTD Number	36
Number of new Maternity Partnership clients referred for receiving nurse case management services	88
YTD Number	757
Number of new Maternity Partnership clients referred for receiving telephonic case management services	44
YTD Number	507

Program: Environmental Health Services	Jan-16
Number of COMAR mandated food service facilities inspections completed by L&R	441
YTD number of COMAR mandated food service facilities inspections completed	3157
Number of expected food service facilities inspections to be completed in Montgomery County as mandated by COMAR regulations	689
YTD number of expected mandated inspections to be completed	4826
Number of food service facilities NOT having a critical violation upon routine inspection	159
YTD number of food service facilities NOT having a critical violation upon routine inspection	998
Number of completed swimming pools inspections	11
YTD number of completed swimming pools inspections	1943
Program: Health Room	Jan-16
Number of visits by students who return to class after and are ready to learn following health room intervention	33807
Number of visits by students with a health room intervention	38677
Program: SBH/WC	Jan-16
Number of visits each month to the School Based Health and Wellness Centers(non-cumulative)	434
Number of clients enrolled in the School Based Health and Wellness Centers (cumulative)	9964
Program: International Student Admissions Office (ISAO)	Jan-16
Number of VFC vaccinations administered	921
Number of VFC vaccinations administered to uninsured clients **	795
Program: Montgomery Cares	Jan-16
Patients	3,951
YTD Patients	17,229
Encounters	4,532
YTD Encounters	37,856
Program: MC Homeless Health	Jan-16
Patients	18
YTD Patients	83
Encounters	22
YTD Encounters	101
Program: Care for Kids (Quarterly)	Jan-16
New enrollments	100
YTD new enrollments	850
YTD patients	3,972
Program: Maternity Partnerships	Jan-16
Number of patients referred to hospitals by DHHS	151
YTD Patients	1134

New patients enrolled in prenatal care by hospitals	157
YTD Patients	1104
Number of teens enrolled	4
YTD teen enrollment	69
Percent of patients with entry during first trimester YTD	44%
Number of patients with entry during first trimester YTD	481
Number of patients enrolled YTD	65
Fetal losses	3
YTD fetal losses	12
Program: Dental Health	Jan-16
Maternity:	
New patients	73
YTD patients	786
Encounters	176
YTD Encounters	1440
Children:	
New patients	99
YTD patients	1240
Encounters	236
YTD Encounters	2240
Adults:	
New patients	80
YTD patients	817
Encounters	216
YTD Encounters	1815
Seniors:	
New patients	42
YTD patients	519
Encounters	133
YTD Encounters	1119
TOTAL:	
New patients	294
YTD patients	3362
Encounters	761
YTD Encounters	6614